

JUSTICE BEHAVIORAL HEALTH COMMITTEE  
SUBCOMMITTEE CHARGE STATEMENTS

PROVIDER SUBCOMMITTEE

CO-CHAIRS – JOAN HUSS & BRENDA ROHREN

Research evidence-based practices for offenders which compliment the Nebraska Standardized Model. The approach includes a review of research material relevant to the provision of substance abuse services to criminal justice and juvenile justice clients, academic support, and involvement of substance abuse professionals/providers from across the state. With facilitation, the subcommittee will develop a coordinated recommendation of evidence-based practices to the Justice Behavioral Health Committee for their consideration.

CURRICULUM SUBCOMMITTEE

CHAIR – LINDA WITTMUSS

1. Identify the skills, knowledge, and capacities needed by justice professionals and practitioners to provide criminal justice behavioral health services.
2. Identify initial training standards to complete evaluations for various professions with substance abuse scope of practice.
3. Identify continuing education requirements for justice professionals and practitioners providing evaluation services.
4. Coordinate training, educational, and continuing educational standards with various professional licensing boards.
5. Identify providers who are willing and able to provide specialized training for various professional groups and coordinate with professional licensing boards as to the acceptability of training.

DATA SUBCOMMITTEE

CHAIR – STEVE ROWOLDT

To facilitate, coordinate, and make recommendations on issues regarding data and automation relative to the needs and goals of Justice and Behavioral Health

This may include but is not limited to:

1. Standardization
2. Data Sharing
3. Report Generalization

SEX OFFENDER  
CHAIR – GENE COTTER

1. Create minimum standards for Registered Service Providers for the provision of sex offender treatment services. Create minimum standards for staff for the provision of sex offender treatment services.
2. Identify best practices in sex offense treatment.
3. Create recommendations to support Registered Service Provider sustainability in working with the sex offender population. Include measures that address provider concerns regarding liability.
4. Create recommendations to increase state access to treatment services available. Explore additional accessibility of treatment for the sex offender population (i.e., telehealth, video conferencing).
5. Identify community supervision, case management standards that incorporate accountability measures, victim's safety, treatment and reintegration for sex offenders to reduce recidivism.